



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Fingal House Nursing Home
Name of provider:	Fingal House Care Centre Limited
Address of centre:	Spiddal Hill, Seatown West, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 March 2019
Centre ID:	OSV-0000137
Fieldwork ID:	MON-0023452

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Fingal House Nursing Home can accommodate up to 20 residents, male and female, on a short term and long term care basis that are accommodated on the ground and first floor. Staff rooms are located on the third floor. A chair lift supports residents between the ground and first floor. A minimum of one registered nurse and a health care assistant is employed per shift. They can provide care for residents who have complex needs with varying levels of dependencies following an individual assessment. The centre includes seven single bedrooms (six on the first floor), two double/twin bedrooms (one on the ground floor and another on the first floor) and three bedrooms shared by three residents (triple rooms on the ground floor). Communal rooms are located on the ground floor with access from two parts to an enclosed private garden. A separate dining room that adjoins the kitchen is located on the ground floor along with the main central sitting room laid out in three areas that include a library and sun-room overlooking the rear garden. A laundry area is located to the rear in a separate building. They cater for residents with dementia and have access to a psycho-geriatrician and mental health team who visit on request following an assessment and referral from the General Practitioner (GP). The centre's aims and objectives include tailoring care to the individual, knowing residents personally, respecting residents rights, ensuring residents privacy and dignity, maximising residents' abilities and independence and managing risk appropriately. The centre endeavours to match the ideal staff member to each resident, to cater for preferences for male or female, quiet or lively, casual or formal. Daily routines are carried out at the resident's pace, with the emphases on maximizing personal control, enabling choice and respect for dignity.

The following information outlines some additional data on this centre.

Current registration end date:	08/01/2022
Number of residents on the date of inspection:	20

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 March 2019	09:50hrs to 14:40hrs	Sonia McCague	Lead

Views of people who use the service

The inspector met and spoke with the majority of residents during this inspection.

Relatives and regular visitors attending the centre also met and spoke with the inspector to convey their views.

Overall, both residents and relatives were extremely complimentary of the person in charge and staff team, and were positive with regard to the care and services available and provided in this centre. Residents were positive regarding the choices they could make about their daily routines, activities, food and mealtimes. Relatives described how residents were accommodated and supported by staff in their transition to the centre. They described the assistance and approach adopted by staff that had resulted in the formation of a good and trusting relationship between all parties.

Residents said they were supported in personal grooming, hairdressing, laundering and safe return of their clothes. Some male residents were requested to attend the local barber shop nearby and this was arranged and facilitated by staff.

Residents said they felt entertained, safe and well supported by all staff and knew who to speak to if they had a concern or query.

Capacity and capability

This is a good centre that performs its functions well to protect each resident and promote their welfare and individuality.

Effective leadership, governance and management arrangements were in place and clear lines of accountability evident.

The quality of care and experience of residents was being monitored, reviewed and improved on an on-going basis in accordance with the aims and objectives set out within its statement of purpose (SOP) and function. Restrictive conditions as outlined in the SOP in relation to specific bedrooms and residents accommodated on the first floor were being complied with. Residents who are independently mobile or require the assistance of one to mobilise, are admitted to upstairs bedrooms.

The use of resources was planned and managed to provide person-centred, effective and safe services and supports to residents. Suitable staffing levels were in place and while most staff had the required competencies to manage and deliver

person-centred, effective and safe services to all residents, some gaps were noted in refresher training. The person in charge was arranging dates for the coming weeks and to confirm training facilitators to address the gaps identified.

Safe and effective recruitment practices were in place to recruit, develop and appraise staff. Information governance arrangements maintained ensured secure record-keeping and file-management systems were in place.

Records described under the Regulation schedules were available and stored securely. Complaints, incident and accident records were maintained, and the statement of purpose, directory of residents, policies and protocols, residents guide and a current record of insurance cover was in place, as required.

Feedback and information received by person in charge and staff team was used to plan and deliver person-centred, safe and effective residential services and supports. Each resident's complaints, ideas and concerns were listened to and acted upon in a timely, supportive and effective manner. An active residents forum was established and the resident president told the inspector that timely and appropriate responses all matters was received by the resident group. This was reflected in the annual quality review seen available.

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff, the Inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the assessed needs of residents.

A nurse and care assistant was on duty at all times as outlined in the statement of purpose.

The centre was being management by a suitably qualified and experienced person in charge who had authority and responsibility for the co-ordination of care and the provision of the service in consultation with the provider representative. Staff induction and performance appraisal formed part of the recruitment and staff development process.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training, induction and development programme was in place and implemented.

Staff spoken with were knowledgeable and skilled to perform their role and

responsibilities.

A range of relevant and mandatory training courses had been completed by staff and a training needs analysis/audit record was maintained. However, gaps in some refresher training was noted. Additionally, the attendance of each staff member in simulated fire drills was not included within this audit record to ensure good oversight and supervision in this regard.

Judgment: Substantially compliant

Regulation 19: Directory of residents

An established directory of residents was available and it had been maintained accordingly.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2, 3 and 4 were maintained, stored safely and were accessible on request.

Judgment: Compliant

Regulation 22: Insurance

A certificate showing current insurance cover was available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose.

Effective governance and management arrangements were in place. A clearly defined management structure and reporting systems were evident. Staff were clear

in relation to the lines of accountability at individual, team and service level.

Auditing, consultation and monitoring systems maintained ensured residents were central to how the service was operated and delivered. A risk register was maintained and reviewed periodically within governance meetings and discussions along with audit results.

A comprehensive annual review of the quality of the service in 2018 was completed that identified areas for improvement and development in 2019.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose and function was available that contained the information required by the Regulations and Schedule 1

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were provided to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible procedure and effective complaints process was in place. Residents' complaints, concerns and queries were listened to, acted upon and responded to in a timely, supported and effective manner. There was evidence that complainants were satisfied with the management and measures put in place for any issues raised to improve the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures that were subject to reviews were available to staff to guide them in the service provision and delivery of care.

Judgment: Compliant

Quality and safety

The residents in this centre had a good quality of life and were receiving a good standard of person-centred care with meaningful occupation, activity and fun.

Residents health and well being was promoted by consultation, inclusion, engagement, assessments and evaluations by staff and external professionals on referral or as required. Timely access to medical and allied healthcare services was available and opportunity to attend services external to the centre was facilitated as requested by residents or needed following an assessment.

Arrangements and measures to safeguard residents and promote their rights was evident and demonstrated. The person in charge and staff team were committed to providing safe practices while respecting residents choice and independence. A restraint free environment was promoted in accordance with best practice, national guidance and risk assessments.

Entry to and exit from the centre was controlled by staff and key code to promote safety and security. Mobility aids, call bells, grab rails, ramps and hand rails were in place where required to promote access and independence.

Each resident's needs in relation to hydration and nutrition were monitored and met. Meals and mealtimes were described by residents as an enjoyable experience. Meals were wholesome and nutritious. A varied menu was available, drinks and snacks were provided between mealtimes and during occasions celebrated. The inspector observed staff including the chef engage with residents to establish their preferences, likes and dislikes. The menu was tailored to meet residents needs and preferences, and recommendations made by professionals that included the GP, dietician or speech and language therapist following their assessment of a resident.

Visitors were welcomed and encouraged to participate in residents' lives and were required to register their visit in the log book available in the reception area.

Arrangements were in place in relation to promoting fire safety. Servicing equipment, fire safety training and simulated fire drills performed by staff formed part of the annual and regular safety measures maintained.

The existing residents and relatives spoken during this inspection were satisfied with the facilities, accommodation and arrangements available to them. They had access to outdoors and a spacious garden with flowerbeds and furniture. Many had personalised their bedrooms or bed areas to suit them and their individuality. The centre was clean, warm and well-maintained throughout.

The local library regularly visited the centre and a number of residents had received audio and reading books seen shelved in the library area. Residents' hobbies, interests and occupations had been retained with the support of staff, and opportunities to try new activities such as art and crafts were embraced. Opportunities for residents to practice their faith and religion were facilitated and some were supported by the person in charge to go on pilgrimage to Lourdes.

The rapport and interaction between the person in charge, staff, residents and relatives demonstrated consistent positive connective interactions that appeared normal and effortless.

The limitations of the premises where residents were accommodated over two floors serviced by a chair lift, lack of storage and limited space available between beds in shared bedrooms was previously reported on resulting in a registration conditions and a requirement to achieve full compliance with the Regulations and schedule 6 by 31 December 2021.

Regulation 11: Visits

Visitors were welcomed and encouraged to participate in residents' lives. A register of visitors was maintained and available in the reception area.

Arrangements for a resident to receive visitors in private was facilitated by the person in charge or staff.

Judgment: Compliant

Regulation 17: Premises

The limitations of the premises where residents were accommodated over two floors serviced by a chair lift, lack of storage and limited space available between beds in shared bedrooms was previously reported on resulting in registration conditions and a requirement to achieve full compliance with the Regulations and schedule 6 by 31 December 2021.

On the day of inspection the existing residents and relatives spoken with were

satisfied with the facilities, accommodation and arrangements available to them.

The centre was homely and it was clean, warm, well maintained and ventilated ,and had good natural and artificial light. Furniture and fittings were available where appropriate to support residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents has good access to drinks and snacks, and were offered a choice at mealtimes.

Adequate consistencies and quantities of food and drink were available and provided to ensure the nutritional needs and preferences of residents was maintained. Ongoing monitoring and review of residents nutritional needs, weight and prescribed medicines took place to promote healthy options and menu choices supported by professionals.

Judgment: Compliant

Regulation 28: Fire precautions

Arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed by the inspector evidenced services of the fire alarm and equipment were completed at appropriate intervals. A record dated September 2018 confirming a fire safety planning report had been completed with Dublin Fire Brigade was seen on file.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. A designated staff member was responsible for testing the fire alarm weekly and ensuring that fire exits were clear and checks documented.

Fire safety training and fire drills had been completed by staff within the previous year. Further training and simulated fire drills were being planned this month.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were being met through good access to services and opportunities for social engagement within a friendly warm homely environment.

Judgment: Compliant

Regulation 8: Protection

Good emphasis was placed on residents' safety. A number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

Reasonable measures were in place to protect residents from abuse or harm in the designated centre. These measures included an agreed policy and established protocols, along with staff training in the detection, prevention and response to abuse.

The person in charge told the inspector that none of the current residents had required the provider/staff to act as a pension agent.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector they were satisfied with their current arrangements and options available to them. Opportunities and arrangements for residents to be consulted about and participate in the organisation of the centre were in place and access to visitors, relatives and an independent advocacy services was available and advertised.

Residents were offered choice and were supported to exercise decision making in relation to their right to vote, preferences and lifestyle choices. They had support to engage in therapeutic and quality interactions in accordance with their interests or capacities, and communication abilities. An established resident forum was active.

Residents were very satisfied with the arrangements and facilities for occupation and recreation. They told the inspector they had opportunities to participate in meaningful activities in accordance with their interests and capacities, and had voted in previous referendums.

Dedicated activity staff and entertainers were available to support residents in

activities, and integration with the wider community. Voluntary groups, community resources and events locally formed part of the activity programme.

Information about current affairs and local matters were available to residents along with personal and communal radios, televisions, telephones and daily newspapers.

The limitations of the premises affecting privacy and dignity particularly within shared bedrooms has been previously reported on that resulted in a registration condition to achieve full compliance by 31 December 2021.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fingal House Nursing Home OSV-0000137

Inspection ID: MON-0023452

Date of inspection: 20/03/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In order to comply with Regulation 16, all staff will have access to appropriate training.</p> <p>Annual Staff fire training dates are confirmed following prearranged meeting on 22/03/19.</p> <p>CPR training for one Staff nurse, who was on Maternity leave last year when training was arranged for staff, is confirmed.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2019